EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION	Charge	Presented To:	Agency(ies) Charge No(s):
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		FEPA	
		EEOC 564-2016-00573	
Oklahoma Attorney General's Office, Office of CR Enforcement and EEOC  State or local Agency, if any			
Name (indicate Mr., Ms., Mrs.)  Home Phone (Incl. Area Code)  Date of Birth			
Mr. Charles A. Wakefield		(405) 340-940	64 01-27-1949
Street Address City, State and	ZIP Code		
1106 Sunny Brook Drive, Edmond, OK 73034			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Include Area Code)
SODEXO	17ID C- 1-	500 or More	(405) 481-9437
Street Address City, State and ZIP Code 4100 N. Flood, Norman, OK 73069			
Name	S.	No. Employees, Members	Phone No. (tablude Area Code)
Street Address City, State and ZIP Code 22 THE			
DISCRIMINATION BASED ON (Check appropriate box(es).)  RACE COLOR SEX RELIGION NATIONAL ORIGIN  OP-28-2015 O2-08-2016  X RETALIATION OTHER (Specify)  THE PARTICULARS ARE (if additional paper is needed, attach extra sheet(s)):  I. In September 2015, I filed a charge of employment discrimination with the U. S. Equal Employment Opportunity Commission, Charge Number 564-2015-01475. Since I have exercised my rights to file a charge of employment discrimination in that management has more closely scrutinized my work activities and placed my on a Performance Improvement Plan (PIP) with the threat of termination if I do not improve.  II. No reason was given for the PIP other than my work performance needs to improve.  III. I believe I have been retaliated against for exercising my rights to file a charge of employment discrimination with the U. S. Equal Employment Opportunity Commission in violation of Title VII of the Civil Rights Act of 1964, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will	OTARY – When	necessary for State and Loc	cal Agency Requirements
cooperate fully with them in the processing of my charge in accordance with their procedures.  I declare under penalty of perjury that the above is true and correct.  I swear of the best		vear or affirm that I have read the above charge and that it is true to best of my knowledge, information and belief.  NATURE OF COMPLAINANT	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		